CENTERS FOR MEDICARE & MEDICAID SERVICES INDIVIDUAL OBSERVATION WORKSHEET				
Location/Start		Location/Start		
Time/Start		Time/Finish		
Surveyor		Client Codes		
COLUMN 1 — TIME		COLUMN 2 — OBSER	VATION	

COLUMN 1 — TIME	COLUMN 2 — OBSERVATION
According to the Demonstration	Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0062. The time required to complete this information collection is estimated to average 3 hours per response, including the time to review instructions, searching existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, Attn: PRA Reports Clearance Officer, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.